FORM TO BE KEPT CONFIDENTIAL (if box checked)	
APPLICANT (name):	FOR COURT USE ONLY
APPLICANT IS: Witness Juror Attorney Party Other	
Person submitting request (name):	
APPLICANT'S ADDRESS:	
TELEPHONE NO.:	_
NAME OF COURT:	
STREET ADDRESS:	
MAILING ADDRESS:	
CITY AND ZIP CODE:	
BRANCH NAME:	
NAME OF JUDGE:	_
CASE NAME:	
CASE NAME.	7
	CASE NUMBER:
REQUEST FOR ACCOMMODATIONS BY PERSONS WITH	
DISABILITIES and ORDER	
Applicant requests accommodation under California Rules of Court, rule 989.3, as to	follows:
1. Type of proceeding: Criminal Civil	at trial appropriate happing
2. Proceedings to be covered (e.g., bail hearing, preliminary hearing, particular witnesses	s at trial, sentencing nearing):
3. Dates accommodations needed (specify):	
4. Impairment necessitating accommodations (specify):	
5. Type of accommodations (be specific):	
6. Special requests or anticipated problems (specify):	
7. I request that my identity be kept CONFIDENTIAL NOT be kept CONF	IDENTIAL.
I declare under penalty of perjury under the laws of the State of California that the fore	egoing is true and correct.
Date:	
\	
TVDE OD DDINT MANEY	(CIONATURE OF ARRUGANT)
(TYPE OR PRINT NAME)	(SIGNATURE OF APPLICANT)
ORDER	
	or accommodations is DENIED because
the applicant satisfies the requirements of the rule. the applicant it does not create an undue burden on the court. rule.	icant does not satisfy the requirements of the
	s an undue burden on the court.
	mentally alters the nature of the service,
	n, or activity.
(Specify):	
Date:	

JUDGE